Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30**, **2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

5303376655

					Version 7/03
NPPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUBMITTED		Applicant Identi	fler
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	n Identifier
Application	Pre-application	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identific	er
Construction	Construction	4, DATE RECEIVED BY	EDEKAL NOTING		
Non-Construction	Non-Construction		***************************************		
5. APPLICANT INFORMATION Legal Name:		0	Organizational Unit		
Hill Country	Communit	, Clinic, Inc	Department:		
Organizational DUNS:	0 -0001)	Division:		
_ an	1590161		Name and lelephon	e number of per	son to be contacted on matters
Address: Street: 29632 Hw	Jy 299 Eas	3+	involving this applic	First Name:	code)
PO POX 12			Prefix: Mr.		Sichard
City: Round No	intain		Middle Name 3	-	
	AVI. (CCIV)		Last Name	rdie	
Shusta	Zip Code Of	01	Suffix: 171		
State: CA	Zip Code 960	184	Email: Vlobay	الخاره والم	anistrua hoic mon
Country: U.S.A	_				Country Clinic .org
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	CEIVED	Phone Number (give	area code)	(530) 337 - 6655
94-2330596	1 RE	CEIVLE	(30)3317	e luce No	of form for Application Types)
B. TYPE OF APPLICATION:		M 1 2006 Revision	1 / -	` ~	N 1
₩ Nc	w D Continuati	A Revision	O. Not to	or profi	forganization
if Revision, enter appropriate la (See back of form for descriptio	n of letters.)	CLEARING HOUSE	Other (specify)		_
	, STATE	CLEADING	9. NAME OF FEDER	RAL AGENCY:	USDA
Other (specify)			44 DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
10. CATALOG OF FEDERAL			111111		
USDA Rural De			H1/1 COV	untry t	lealth
TITLE (Name of Program):	acility trog	raum	J 50 \ \	lellness	Center
12. AREAS AFFECTED BY P	ROJECT (Cities, Count)	es, States, etc.);		,0 ((= = =	•
Census Track 6	26.01, 117, 11	8,5ha.Co.CA	14. CONGRESSION	IAL DISTRICTS	OE:
13. PROPOSED PROJECT	Ending Date:	1 0007	B. Applicant T	VAL DISTRICTS	b. Project Same
Start Date: Aug. 200	Ending Date: 5	ept. 2001	1 1/5	nct -	REVIEW BY STATE EXECUTIVE
15, ESTIMATED FUNDING:			A B B B 40770 MOC	OECC2	
a, Federal	\$ 2 60	2,000	B. Yes. THIS P	REAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
		(1)	PROCE	SS FOR REVIE	WON
o. Apprount		30, 000 m	DATE:	10/19	106
c. State	\$ 25	50,000			VERED BY E. O. 12372
d. Local	* 1C	10, 000 T	D, NQ. LL		
P. Other Solar rebates	\$ 146	3,000	l les con o	E\ //E\A/	OT BEEN SELECTED BY STATE
fax Credits, Capital	21917	.110	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	1 70	VC (227).00	Yes If "Yas" atta	ach an avnianatio	n. 🔀 No
		5,000	OLICATION DE ARE	LICATION ARE	TRUE AND CORRECT. THE
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	A VILLHOUSINED RA II	TE GOVEKNING DOD! OF	THE APPLICANT A	ND THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name / IA		Mid	die Name /	Ilen
Prefix M6.	Lust Hamis	<u>nn</u>	Suff	,	11001
Last Name Domo	h		1	1115	4
b. Title Frecutive	Director	-0 0	c. T	elephone Numbe	r (glye eres gode) - 6702 × 43
d. Signatura of Authorized Re		V died		ate Signed	130/2006
Xam	Ulland	with the same			Standard Form 424 (Rev.9-2003
Previous Edyligh Usable Authorized for Local Reproduc	atlan				Prescribed by QMB Circular A-10

2. DATE SUBMITTED **APPLICATION FOR** Applicant Identifier June 14, 2006 FTA 9016 **FEDERAL ASSISTANCE** 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Applicant Identifier Application Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Construction ☐ Construction Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name Organizational Unit: Golden Gate Bridge, Highway and Transportation District Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application P.O. Box 9000, Presidio Station Gayle Prior, Capital and Grant Programs Analyst San Francisco, CA 94129 (415) 923-2373 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) G 4 6 0 0 0 6 9 6 9 Α. State H. Independent School Dist. В County State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: Private University C. Municipal Indian Tribe D Township Individual New ☐ Continuation ☐ Revision Interstate Intermunicipal M. Profit Organization If Revision, enter appropriate letter(s) in box(es): G. Special District Other (Specify) A. Increase Award B. Decrease Award C. Increase Duration 9 NAME OF FEDERAL AGENCY D. Decrease Duration Other (specify): Federal Transit Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 2 0 5 0 7 FY 2006 Capital Assistance for various projects including Bus Replacements, Bus Radio/Communications System Replacement, TITLE: Federal Transit - Formula Grants Santa Rosa Fuel Tanks Replacement, Computerized Dispatch Upgrade, and Management Information systems 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): RECEIVED Counties of Marin, Sonoma, San Francisco and Contra Costa JUN 2 0 2006 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF Start Date **Ending Date** a. Applicant b. Project STATESCLEARING HOUSE 6 and 8 07/01/2006 12/31/2008 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal \$ 16,730,820.00 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$ 4,091,496.00 DATE June 14, 2006 c. State \$ 0.00 PROGRAM IS NOT COVERED BY E.O. 12372 d. Local \$ 0.00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other \$ 0.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income 0.00 ⊠ No Yes If "Yes," attach an explanation. g. TOTAL \$ 20,848,689.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative c. Telephone number b. Title (415) 923-2203 Celia G. Kupersmith General Manager d. Signature of Authorized Repr Date Signed

OMB Approval No. 0348-0043

JUN-21-2006 04:09P FROM:GOEBEL SENIOR CENTER (805)495-5430

DRAFT

PART I - FACE SHEET

T0:19163233018 State Yearinghouse FAX (916) 323-3018 6/21/04 4110 pm

APPLICATION FOR F	EDERAL	ASSISTAN	CE	1. TYPE OF SUBMISSI	ON:
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	N 3. DATE RECEIVED BY STATE:			STATE APPLICATION I	DENTIFIER:
2b. APPLICATION ID:	4. DATE RECEIVED:			GRANT NUMBER:	
07\$R066781					
5. APPLICATION INFORMATION				# 11 1 1111 WHITE WAR TO 1 4 AVV. 1 AV	and the second s
LEGAL NAME: Concio Recreation & Park District DUNS NUMBER: 931442909			PERSON TO BE area codes):	CONTACTED ON MATTE	OR PROJECT DIRECTOR OR OTHER ERS INVOLVING THIS APPLICATION (give
ADDRESS (give street address, city, state and zip code): 403 W. Hillcrest Drive Thousand Onks CA 91360 - 4223			TELEPHONE NUMBER: (805) 381-2742 FAX NUMBER: (805) 495-5430 INTERNET E-MAIL ADDRESS: rsvp@crpd.org		
6. EMPLOYER IDENTIFICATION NUMBER	(EIN):		7. TYPE OF AP		A
952265201			76. Local Gover	nment - Municipal	The second second section of the second seco
B. TYPE OF APPLICATION:			/o. Local Gover	ninent, Maniespat	RECEIVED
X NEW CONTINUATION					JUN 2 1 2006
REVISION If Revision, enter appropriate letter(s) in box	(ea):				
A. Increase Award B. Decresse Awa	rd C. Increa	se Duration			STATE CLEARING HOUSE
D. Decrease Duration					AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
S. Sociatio Bulkisii				EDERAL AGENCY: Ition for Nationa	l and Community Service
10a, CATALOG OF FEDERAL DOMESTIC A 10b, TITLE: Retired and Senior Volunteer P		BER: 94.002		VE TITLE OF APPLICANT y Retired and Senior Volu	
12. AREAS AFFECTED BY PROJECT (List City of Thousand Oaks, Newbury Park and p State of CA					
13. PROPOSED PROJECT: START DATE:	10/01/06 ENI	D DATE: 09/30/09	14. PERFORMA	NCE PERIOD: START D	ATE: END DATE:
15. ESTIMATED FUNDING:			16. IS APPLICA	TION SUBJECT TO REVI	EW BY STATE EXECUTIVE
e. FEDERAL	\$ 56,719.0	0	ORDER 12372	PROCESS?	
b. APPLICANT	\$ 137,022.0	0	TO TI	HE STATE EXECUTIVE OF	ICATION WAS MADE AVAILABLE RDER 12372 PROCESS FOR
c. STATE	\$ 0.0	0	REVIEW ON: DATE: 21-JUN-07		
d. LOCAL	\$ 137,022.0	0	_		
e, OTHER	\$ 0.0	0			
f. PROGRAM INCOME	0,0	0		LICANT DELINQUENT OF	4. 1
g. TOTAL	g. TOTAL \$ 193,741.00			'ES If "Yes," attach an	explanation. X NO
18. TO THE BEST OF MY KNOWLEDGE AN DULY AUTHORIZED BY THE GOVERNING IS AWARDED.					ORRECT, THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE ASSISTANCE
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: b. TITLE:					c. TELEPHONE NUMBER:
Lizzie Benton-Scott		Administrator			805-495-6471
					d. DATE:

WK130NVILLE 3	School-Commu	NITY YOLICIN	INITIATIVE	OMB Number: 4040-0004 Expiration Date: 07/31/2006
Application for Federal Ass				Version 02
1. Type of Submission:	* 2. Type of Application:	' If Revision, select appro	upriate letter(s):	
Preapplication	✓ New			
Application	Continuation	* Other (Specify)		
Changed/Corrected Application	Revision	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
*3. Date Received:	4. Applicant Identifier:			
Completed by Grants.gov upon submission.]	,		
5a. Federal Entity Identifier:	\	* 5b. Federal Award Id	dentificr:	
State Use Only:			DECEIV	
6. Date Received by State:	7. State Application	on Identifier:	HEULIVI	
8. APPLICANT INFORMATION:			JUN 2 1 20	JU6
* a. Legal Name: Watsonville, Cily	of		STATE CLEARING I	HOUSE
* b. Employer/Taxpayer Identification	n Number (EIN/TIN);	* c. Organizational DL		HOOGE.
946000451		030414994		
d. Address:		·1		
* Stroet1: 215 Union Stre	eet			
Streat2: P. O. Box 1930	0			
* City: Watsonville				
County: Santa Cruz			1	
* State:		CA: California		<u></u>
Province:				·
Country:	-	USA: UNITED STATES		
* Zip / Postat Code: 95077				
c. Organizational Unit:				
Department Name;		Division Name;		
Watsonville Police Department		¬		 ₁
f. Name and contact information of	of person to be contacted on	matters involving this a	pplication:	
Prefix:	First Nem			
Middle Name:				
Last Name: Peters				• ,
Suffix:				
Title: Financial & Technical Support	(Manager			
Organizational Affiliation:				
				· 1
* Telephona Number: 831-768-3306		Fax Number	r: 831-724-3335	
Email:				

page 1

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	7
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 2: Salara Applicant X	
Type of Applicant 3: Select Applicant Type:	1
- Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Sefety & Community BLICING GRANTS	
* 12. Funding Opportunity Number:	
GOPS-SOS-2006-1	
* Tille:	
Secure Our Schools	
13. Competition identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Watsonville, California	
	·
* 15. Descriptive Title of Applicant's Project:	
The Watsonville School-Community Policing Security Initiative is a partnership between the police department and Palaro Valley Unified	
School District to leverage technology in reduce campus crime.	
Attach supporting documents as specified in agency instructions.	
Add Auschments Delete Atlachments WewAtlachments	

page 2

Application for Federal Assistance SF-424	Version 02			
16. Congressional Districts Of:				
*a, Applicant 17th	* b. Program/Project 17th			
Attach an additional list of Program/Project Congressional Districts	If needed.			
Add Attending to	Devision of Gast Transport View of Alloc Patro of			
17. Proposed Project:				
* a. Start Date: 10/01/2006	• b. End Date: 09/30/2008			
18. Estimated Funding (\$):				
r a. Federal 100,000.00				
* b. Applicant 50,000.00				
* c. State				
*d. Local				
* e. Other 50,000.00				
*f. Program Income				
*g. TOTAL 200,000.00				
nerein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awamay subject me to criminal, civil, or administrative penalties. ** I AGREE	contained in the list of certifications** and (2) that the statements riedge, I also provide the required assurances** and agree to			
Authorized Representative:				
Prefix: * First Nam	e: Carlos			
Middle Name: J				
* Last Name: Palacios				
Suffix:				
* Title: City Manager				
* Telephone Number: 831-768-3010	Fax Number: 831-761-0736			
* Email: Cltymanager@ci.watsonville.ca.us				
* Signature of Authorized Representative: Completed by Grants gov upon	эшьтізвіал. Date Signed: Completed by Grania.gov upon submission.			

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

page 3

H٥

* State: CA

↑ Email: |wilsonho@uci.edu

* Organization Name: University of California, Irvine

Division:

Street2:

Fax Number: 949-824-2174

County: Orange

Wilson

USA Phone Number: 949-824-5234

Position/Title:

Department;

* City: | Irvine

* Street1:

" Country:

Professor

Physics and Astronomy

2162 Frederick Reines Hall

OMB Number: 4040-0001

Expiration Date: 04/30/2008

PhD

* ZIP Code: | 92697

CATION FOR FEDERAL ASS	SISTANCE	Page
	17. " IS APPLICATION SUBJECT TO REVIEW BY STATE ORDER 12372 PROCESS?	EXECUTIVE
300,000.00	a. YES THIS PREAPPLICATION/APPLICATION WAS	
300,000,00	PROCESS FOR REVIEW ON:	
0.00	DATE: 06/22/2006	
- Alia - t	b. NO PROGRAM IS NOT COVERED BY E.O. 12372	2; OR
	PROGRAM HAS NOT BEEN SELECTED BY S	TATE FOR
he bost of my knowledge. I also ard. I am aware that any false, f	o provide the required assurances * and agree to comp ictitious, or fraudulent statements or claims may subject	iv with any
or an internal site where you may obtain	this list, is contained in the ennouncement or agency specific instruction	ONB.
Middle Name:	* Last Name:	Suffix;
ficer • Organization	n: Regents of the University of California, Irvine	
Studies Division:	Research Administration	
Street2:		
County: Orange	* State: CA ZIP	Code: 92897
	.,	
Fax Number: 949-	324-2094 ° Email: dksulliv@uci.edu	
Izad Danracantetive	A B At	
	•	iow.
TOTAL SE SEISTINGUE	Sempleted on Submission (C Grants.)	
	Add Attachment Delete Attachmen	
	300,000.00 300,000.00 0.00 0.00 lify (1) to the atatements contain the best of my knowledge. I also and. I am aware that any false, if penalties. (U.S. Code, Title 18, sor an internal site where you may obtain Middle Name: Middle Name: Organization: Street2: County: Orange	ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS AVAILABLE TO THE STATE EXECUTIVE ORD PROCESS FOR REVIEW ON: DATE: 06/22/2008 b. NO PROGRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY

OMB Number: 4040-0001

Expiration Date: 04/30/2008

pplication for Federal	Assistance SF-424			-	Version 02
. Type of Submission:	*2. Type of Application:	* If Revision, select appro	priate letter(s):		
Preapplication	▲ New				•
Application	O Continuation	" Other (Specify)			
Changed/Corrected Applicat	tion O Revision	O Revision			
3. Date Received:	4. Applicant Identifier:				
a. Federal Entity Identifior:		* 5b. Federal Awar	d Idenlifier.		
-			Пог	CEIVED	
tate Use Only:					
Date Received by State:	7. State Applica	tion Identifier:		UN 2-2-2006	
APPLICANT INFORMATIO	N:		STAT	E CLEARING HOUSE	
a. Legal Name:	Grass Valley Bo	lica Dansata		and any least reduce to the contract of the co	
b. Employer/Taxpayer Identi	Grass Valley Po fication Number (EIN/TIN):	*c Organizational			ı
94-600034		l -	2400192		
d. Address:					
Stroet1:		,			
Street2:	29 S. Auburn Stre	et .			
* City:	race Vallou				
	rass Valley evada				
* State: CA				·	
Province:			•	•	
* Country:		-			
	US de: 95945				
e. Organizational Unit:	3943				
					•
Department Name:		Division Name:		,	
1. Name and contact inform	nation of person to be contacted	on matters involving	this application	:	
Prefix:	• First	Name: Vern	D 3		
Middle Name:			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
* Last Name: We	rner				
Suffix:			· · · · · · · · · · · · · · · · · · ·	-	
Title:	ministration 3'3				**
Organizational Affiliation:	ministrative Aide	<u> </u>			
* Telephone Number:	(F20) 422 1525	Env	Number:	·	
* Email:	(530) 477-4600	1 44 1		530) 274-4329	
1	vwerner@gvpd.net		-		

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lication for Federal Assistance SF-424	Version 02
pe of Applicant 1: City government	
of Applicant 2:	
o of Applicant 3:	
her (specify):	
, Name of Federal Agency:	
US DOJ COPS	
Catalog of Federal Domestic Assistance Number:	
16.710	
DA Title:	
12. Funding Opportunity Number:	
COPS - OTHER - TECH - 2006 - 1	
Title:	
3. Compelltion Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	·
City of Grass Valley	
* 15. Descriptive Title of Applicant's Project:	
Creation of Emergency Operations Center	
Attach supporting documents as specified in agency instructions.	

pplication for Fed	eral Assistance SF-424		
i. Congressional Distr	icts Of:		
a. Applicant Ca	3-002	⁵ b. Program/Project;	CA-002
ttach an additional list o	l Program/Project Congressional Districts If ne	eeded.	
7. Proposed Project:			
a. Start Date;	11/22/2005	b. End Date:	11/21/2008
8. Estimated Funding	(\$):		
a. Federal	\$49,361		
b. Applicant			
c. State			
d. Local			
o. Other			
f. Program Income		•	
* g. TOTAL	\$49,361		·
* 19. Is Application Su	bject to Review By State Under Executive (Order 12372 Process?	
	as made available to the State under the Exec		
	at to E.O. 12372 but has not been selected by		
O c. Program is not co			
	Delinquent on Any Federal Debt? (If "Yes",	provide explanation on the next page.	
O Yea ● N			•
ply with any resulting	pplication, I certify (1) to the statements co plete and accurate to the best of my knowled g terms if I accept an award. I am aware that al, civil, or administrative penalties. (U.S. Co	dge. I also provide the required assura	mannett and assess to
□ "IAGREE			
** The list of certification specific instructions.	ons and assurances, or an internet site where y	you may obtain this list, is contained in the	announcement or agency
Authorized Represe	ntative;		Standard Form 424 (Hevised 10/2005
Prefix:	* First Name	3:	Prescribed by OMB Circular A-10
Middle Name:	Mr. That Haife	Gene	
* Last Name:	Unrolldoon.		
Suffix:	Haroldsen		
" Title:	City Administrator		***
* Telephone Number		Fax Number: (530) 274-4399
* Email:	gene@cityofgrassvall		, 214-4333
Signature of Author		Date Signed;	11.11
Authorized for Local	Panadusia.		6/20/6

No.7832 P. 2

Application for	· Federal Assis	stance SF-424		Version 02
* 1. Type of Submiss	sion:	- 2. Type of Application:	* If Revision, select appropriate letter(s):	•
Proapplication		☑ New		
✓ Application		Continuation	* Other (Specify)	
Changed/Correcte	ed Application	Revision		
* 3. Date Received:	* 3. Date Received: 4. Applicant Identifier:			
Completed by Grants.gov	upon submission.			
5a. Federal Entity Ide	entifier:		* 5b. Federal Award Identifier:	
				·
State Use Only:				
6. Date Received by	State:	7. State Applicatio	on Identifier:	RECEIVED
8. APPLICANT INFO	ORMATION:			JUN 2 2 2006
a, Legal Name: Cl	Ity of San Rafael		1 11 11 11 11 11 11 11 11 11 11 11 11 1	STATE CLEARING HOUSE
⁻b, Employer/Taxpay	yer Identification No	umber (EIN/TIN):	* c. Organizational DUNS:	STATE CLEARING HOUSE
94-6000424	4.000.01		082447459	AND RECEIPE AND COMPANY AND PROPERTY OF THE PROPERTY AND RECEIPE AND THE PROPERTY OF THE PROPE
d. Address:		· · ·		
* Street1:	1400 Fifth Avenue			
Street2:	P.O. Box 151560			
* City:	San Rafael		11, 12 may 41	
County;	Marin			
- State:	, , , , , , , , , , , , , , , , , , , ,		CA: California	
Province:				,
Country:		L	USA: UNITED STATES	
₹ Zlp / Postal Code:	Zlp / Postal Code: 94915-1560			
e. Organizational Vi	nit;			
Department Name:			Division Name:	
Pollco Department			Administration	
f. Name and contact	t information of p	erson to be contacted on a	matters involving this application:	
Prefix:		* First Name	e: Lynne	
Middle Name: Elisab	oeth			
* Last Name: Ohlso				
Suffix:	N L 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Title: Managment Ar	nalyst			
Organizational Affiliation	on:			•
San Rafael Police Dep	partment			
Telephone Number:	415-458-5301		Fax Number: 415-456-5344	National Property of the Control of
* Email: [lynne.ohlsc	on@srpd.org		1011	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-SOS-2006-1	
* Title:	
Secure Our Schools	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Citles, Counties, States, etc.):	
City of San Rafael. San Rafael City School District and Dixie School District	
* 15. Descriptive Title of Applicant's Project:	
San Rafael 2006 Secure our Schools	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete: Attachments Wiew Attachments	

Application	for Federal Assistance SF-424	Version 0
16. Congressio	nal Districts Of:	
a. Applicant	CA-006	* b. Program/Project CA-006
Attach an additi	onal list of Program/Project Congressional Dis	ricts if needed.
	Add Altaciroani	Oslano Asisphira (1) (Chazo Ansimana)
17. Proposed F	Project:	
* a. Start Date:	10/01/2006	b. End Date: 09/30/2008
18. Estimated F	Funding (\$):	
* a. Federal	125,000.	000
* b. Applicant	136,508.	000
° c. State	P	00
▼ d. Local	0.	00
₹ c. Other	0.	00
₹f. Program Inc	come 0.	00
▼g. TOTAL	261,508.	00
a. This applic b. Program is c. Program is 20. Is the App Yes 21. *By signing herein are true comply with an may subject me	subject to E.O. 12372 but has not been select not covered by E.O. 12372. Discart Delinquent On Any Federal Debt? (I No Emphasized) This application, I certify (1) to the stateme, complete and accurate to the best of my by resulting terms if I accept an award. I ame to criminal, civil, or administrative penal diffications and assurances, or an internet site wons.	the Executive Order 12372 Process for review on 06/22/2006 Ited by the State for review. If "Yes", provide explanation.) Into contained in the list of certifications** and (2) that the statements knowledge. I also provide the required assurances** and agree to a aware that any false, fictitious, or fraudulent statements or claims
-		
Prefix:		Name: Thomas
l	Н.	
Last Name: Suffix:	Simms	
Title: Chief o	f Police	
* Telephone Num	nber: 415-485-3009	Fax Number: 415-458-5344
* Email: tom.s	simms@srpd.org	
* Sinnature of Au	thorized Representative: Completed by Grants a	by uppn submission. * Date Skined* Completed by Grants.gov upon submission.

Jun.22. 2006 7:23AM SAN RAFAEL POLICE DEPT.

No.7832 P. 5

Application for Federal Assistance SF-424	Version 02
* Applicant Federal Debt Delinquency Explanation	
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	

Expiration Date: 07/31/2006

Application for Federal Assi	s pe SF-424			Version 02
* 1. Type of Submission: ○ Preapplication ② Application ○ Changed/Corrected Application	New	* If Revision, select appropriate letter(s): * Other (Specify)		
* 3. Date Received:	4. Applicant Identifier:			
5a. Federal Entity Identifier:	The factor of th	* 5b. Federal Award Identifier:		BPT-0170-01-10-10-10-10-10-10-10-10-10-10-10-10
State Use Only:	Han fish had a san kawa u kunin kata kabu unun china kata kata kata kata kata kata kata ka			
6. Date Received by State:	7. State Application	ı Identifier:		
8. APPLICANT INFORMATION:				
*a.Legal Name:	tockton Police De	nartment		
* b. Employer/Taxpayer Identification N		* c. Organizational DUNS:	dissilativi (antikaria) in propositi di prop	
94-6000436		030911858		
d. Address:				
* Street1: 22 East Street2:	Market Street			
* City: Stockton	n		DECENTO	T. S.
County: San Joa	quin .		There has been V been been	
* State: CA			JUN 2 3 2006	
Province:			STATE CLEARING HOUSE	-
* Country: USA * Zip / Postal Code: 95202			Olitica Oblinia IIII Olito Olina	
e. Organizational Unit: Department Name:	Distriction and Stration of the photology of the second second second second second second second second second	Division Name:		
Police Department				
f. Name and contact information of p	person to be contacted on m	natters involving this application:		
Prefix: Mr. Middle Name: * Last Name: Marconi Suffix:	* First Name 	э: ВоЪ		
		MANUTURA PARA SERVICIO SE PROSENZA A CONTRA PARA SERVICIO		
Title: Program Man	ager III			
Organizational Affiliation:				
* Telephone Number: (209) 93	7-8651	Fax Number: (209)	937-8896	All and a second section of the sec
*Email: Bob Marconi@ci.	stockton.ca.us			

Application	for Federal Assis	e SF-424			For a second sec	
16. Congression	onal Districts Of:					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
* a. Applicant	11, 18			* b. Program/Project	: 11, 18	
Attach an additi	onal list of Program/Project	Congressional Districts	if needed.			
17. Proposed F	•			OTHER DESIGNATION OF THE PROPERTY OF THE PROPE		
* a. Start Date:	10/01/2006			* b. End Date:	09/30/2009	
18. Estimated F	Funding (\$):					in the first of the control of the c
* a. Federal	.49,361.0	00	<u> 18 - Andrew Green, was stelled most and embeddien</u>			
* b. Applicant						
* c. State	P				•	
* d. Local					•	
* e. Other	Reconstruction of the second o	· · · · · · · · · · · · · · · · · · ·	•			
* f. Program Inco * g. TOTAL						
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	s subject to E.O. 12372 but h		the State for revi	ew.		
	not covered by E.O. 12372					
	licant Delinquent on Any F	Federal Debt? (If "Yes"	, provide explana	ition on the next page	:.)	•
O Yes	ĕ No					
21. *By signing herein are true, ply with any res subject me to c	this application, I certify (complete and accurate to sulting terms if I accept an iriminal, civil, or administra	 to the statements co the best of my knowle award. I am aware tha ative penalties. (U.S. C 	ontained in the lisedge. I also provi t any false, fictiti ode, Title 218, Se	et of certifications** ar de the required assur ous, or fraudulent sta ection 1001)	nd (2) that the statement ances** and agree to co tements or claims may	ts m-
图 **IAGREE		•				•
** The list of cert specific instruction	tifications and assurances, o ons.	r an internet site where	you may obtain th	is list, is contained in th	e announcement or agen	cy
Authorized Rep	presentative:	de de la resta		ATTENNING OF THE PERSON OF THE	•	(Revised 10/2005)
Prefix:	Mr.	* First Name	Э.	THE STATE OF THE S	Prescribed by	OMB Circular A-102
Middle Name:	Gordon				***************************************	-
* Last Name:	Palmer		···········			
Suffix:	Jr.					
* Title:	City Manager	TA CANACIST THE OPPOSITE OF THE STOCKES AND A STOCKES COMMUNICATION AND A STOCKES COMMUNICATION AND A STOCKES	:	Trada la communicación de la trada primeiro en desentación de como de entre el como de entre el como de entre esta		
* Telephone Nur		.94	Fax N	lumber: (209) 9.	37-7149	
* Email:					Principal de la Constitution de la	THE PERSON NAMED OF THE PE
	ty Manager@ci.stc http://zed/Replesentative/	ockton.ca.us	* Da	ate Signed:	166.	erantenaria en en estado de la composição
Authorized for Lo	ocal Reproduction		,	5/8/	104.	

Tracking Number:

APPLICATION FOR FEDERAL ASSISTANCE		2, DATE SUBMITTED		Applicant Iden	Version 7/03	
1. TYPE OF SUBMISSION:	ما معامل معالف مطالب المحسد 27 سنة ما مجالة و 200 ما مطالباً ومنوع الإنجيزية الإطالبات	3. DATE RECEIVED BY	STATE	State Application Identifier		
Application	Pre-application					
L. Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identii	fier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Ur	ilt:	777 - Price Brazili 1 Mars 1 M	
City of Torra	nce		Department: Tra	ansit Dep	partment	
Organizational DUNS: 13-	619-0357		Division:		THE PERSON WAS INVALIDED TO A STATE OF THE PERSON OF THE P	
Addross:	AME - CHANGE AND CHECK AND	***************************************			rson to be contacted on matters	
Street.		A PROPERTY OF THE PROPERTY OF	Involving this app Prefix:	First Name:	a code)	
3031 Torrance	Bouleva	CEIVED	Mr, Middle Name	J	ames	
County:	/	JN 2 6 2006	Last Namo	obert		
County: I.os Angeles	I zm Coda	J14 #	Entitle:	ills		
Slate: California	90503	CLEARING HOUSE	- year of the second control of the second c			
Country: United Sta	ites of Amer	ici	+* Jı	mills@tor	rnet.com	
United Sta	N NUMBER (EIN).	(PAPE BY THE LEVEL AND ASSESSED AS ASSESSED.	Phone Number (91)	e area code)	Fax Number (give area code)	
<u> </u>	3		(310) 61		(310) 618-6229	
B. TYPE OF APPLICATION;	,t=1,	ν - ν		,	k of form for Application Types)	
If Revision, enter appropriate let	ler(s) in box(es)	n Revision	(c) Muni	cipal		
(See back of form for description	of letters.)	()	Othor (specify)			
Other (specify)	la. J	L.1	9. NAME OF FED	ERAL AGENCY:	V//	
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Start Date; 7/1/05	Ending Date: 12/31/07		a, Applicant	& 3 7	b. Project 36 & 37	
15. ESTIMATED FUNDING:	175/27/01				REVIEW BY STATE EXECUTIVE	
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b. Applicant	Ø	UD		ESS FOR REVIEN		
c. Stato \$	Ø	,	DATE	6/22/06		
d. Local \$	687	,253	b. No. [F] PROG	RAM IS NOT CO	/CREO BY E. O. 12372	
e. Other \$	~,				OT BEEN SELECTED BY STATE	
f. Program Income	MILETON I (ANNIAMA * W. S.). The lat S. or the 27 f 1994 by Manual all		17. IS THE APPLI	REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	3.436	. 267	- ☐ Yes If "Yes" at	lach an explanatio	n. 💢 Na	
ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE NO THE APPLICA	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Namo		Mic	Idle Name		
Mx . Last Namo	LoRo	Ϋ́	Sut	-	-	
Jackson				-		
b. Tillo City Mana	ager			rcicphono Number (310) 618	(give area code) 1-5880	
d. Signature of Authorized Repr		- commencer of a second proper opposite of the second population of the	e, t	Date Signed 6/26/06	Aldrew of the Al	
Previous Edition Dayoff Authorized for Local Reproducti	on .	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

						Version 7/03
APPLICATION FO	OR The state of th	2. DATE SUBMITTED			Applicant Identifier	
FEDERAL ASSIST	TANCE	6/26/06			06360	
I, TYPE OF SUBMISSION:	PAITCE	3. DATE RECEIVED	-	C1-4- A	lientian Identifica	
Application	Pre-application	3. DATE RECEIVED	INI SIMI	3	2 rate Api	dication Identifier
Construction x Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY FEDER.		RAL AGENCY	Federal Identifier	
5. APPLICANT INFORMAT					<u></u>	
Logal Name:			Organiz	ational Unit:		
City of Los Angeles, Environmental Affairs Department			Departn	nent: Environmental	Affairs	
Organizational DUNS:		the part of the state of the st	Division) :		
Address:	HEC	EIVED	Name and telephone number of person to be contacted on matters involving this application (give area code) Craig Tranby, (213) 978-0871			
Street: 201 N. Spring Street, R	.00m 1905 JUN	2 7 2006	Prefix: N	Mr.		First Name: Craig
City: Los Angeles	ı	1	Middle	Name:		
County: Los Angeles	L VLE/	ARING HOUSE	Lust Na	rne: Tranby		
State: CA	Zip Code: 900)12	Suffix:			
Country: USA		,		mig tranby@lacity.c		
6. EMPLOYER IDENTIFICA	, ,		Phone N (213) 97	lumber (give area eo 78-0871	de)	Fax Number (give area code) (213) 978-0890
95-60007	35					
8. TYPE OF APPLICATION:			7.	TYPE OF APPLI	CANT: (Se	e back of form for Application Types)
x New		Revision	C			
If Revision, enter appropriate I			0.1			
(See back of form for descripti	on or ieners.)		Other (specify)			
			9. NAME OF FEDERAL AGENCY: EPA			
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Other (specify) 10 CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE MIMBER	II DE	ב ידוד שעוזיסושי	OF A PRI IC	ANT'S PROJECT:
TO CONTROL OF THE DELGE	DOWEST, CANDON TO	CE NOMBER,	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Washington Boulevard Corridor Brownfields Hazardous Assessment Grant			
	66-818					
TITLE (Name of Program):						
Brownfields Asso	ssment Grant		_			
12. AREAS AFFECTE City of Los Angels	D BY PROJECT (Citics,	Counties, States, etc):				
13. PROPOSED PROJECT	2 <u> </u>		14 CON	GRESSIONAL DIS	אסיים א	Fe
Start Date: October 1, 2006	Ending Date:	September 30, 2009	a. Appli		INCIBO	b. Project
		,,		3,29,30,31,32,33,34,	35,36,37,	31
A COMPANY OF THE PARTY OF THE P			39,46			
15. ESTIMATED FUNDING:					ECT TO R	EVIEW BY STATE EXECUTIVE
a. Federal \$ 20	00,000			12372 PROCESS?	LICATION	APPLICATION WAS MADE
h. Applicant S						TIVE ORDER 12372 PROCESS FOR
c, State \$			REVIEV		_	
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e. Other \$			b. No REVIEV	OR PROGRAM		ERED BY E. O. 12372 T BEEN SELECTED BY STATE FOR
f. Program Income \$					LINOUEN	TON ANY FEDERAL DEBT?
g. TOTAL \$20	00,000		🗌 🔲 Yesi	f "Yes" attach an ex	planation.	X No
18. TO THE BEST OF MY K	NOWLEDGE AND BEL	IEF, ALL DATA IN TH	IS APPLICA	ATION/PREAPPLIC	ATION AF	E TRUE AND CORRECT. THE
ATTACHED ASSURANCES	LY AUTHORIZED BY	THE GOVERNING BO	DY OF THE	APPLICANT AND	THE APP	LICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES II. Authorized Representative	I THE ASSISTANCE IS	AWAKDED.				
	Name Detrich			Middle Name B.	•	
Last Name Atten				Suffix		
b. Title General Manager	,	<u> </u>		c. Telephone Num	ber (give a	rea code) (213) 978-0841
d. Signature of Authorized Rep		→		e. Date Signed	, ,	
Debruk	B. My	1		6/	26/0	۱ ا

	Auto-Copie in Committee			· · · · · · · · · · · · · · · · · · ·	Expiration Date: 07/31/20
Application for	Federal Assis	stance SF-424			Version (
* 1. Type of Submiss	ion;	* 2. Type of Application:	* If Revision, sel	act appropriate letter	(s):
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* 3. Date Received:		4. Applicant Identifier:			
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5a. Federal Entity Ide	entifier:		* 5b. Federal	Award Identifier:	JUN 2 9 2006
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State Use Only:					STATE CLEARING HOUSE
6. Date Received by	State:	7. State Application	on Identifier:		
8. APPLICANT INFO	RMATION:			4.	
*a. Legal Name: Ci	ty of Sacramento	, Police Department	grammy organization contributes (ASSESSED) between	magamagamagagagam ammaga, ang agawagagagaga (16,1) ana tao 8,8 sa (16)	
* b. Employer/Taxpay			* c. Organiza	tional DUNS:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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d. Address:	,		and Parameters	and a second control of the second of the se	
* Street1:	5770 Freeport Bo	oulevard, Suite 100		and the second of the second o	
Street2:	Transport of the second		осоорунгоон бору руд эрхэгрэгд хургуула хуруулуу русуун русуу гусууг гусууг гусууг гусууг гусуу гусуу гусуу г П 1 саас баас ба баас баган халган халган хүрхэн гусуу г	d let tri try tog tagt under tambande halde frå og kommensen framskanskanskanskanskanskanskanskanskanskan	
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* Zip / Postal Code:	95822				
e. Organizational U	nit:				
Department Name:			Division Nam	e:	
Police Department			Office of the	Chief	
f. Name and contact	t information of	person to be contacted on	matters învolvi	ng this application	1:
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Middle Name:	ergen kan ban ban ban da karan an taran semberan kan kan kan Period in merengan merengan period penan menengan penan menan memberan	rapanganangi. Makatahahahahangi.	Principal superior principal superior s	-1961 1962 1964 1644 66 Sandar Saggert medicupation Resident Estatement and engine	
* Last Name: Macc	DUN	том у том в технология на простителний достигний в технология в техно	enterelemente de meteorie (gref.) Regel e 1147 en 1750 (1954) (1954) (1954) (kal hal anna 1951 (1954) (1954) (1954) (1954) (1954) (1954) (1954)	A STATE OF THE STA	**************************************
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Title: Lieutenant		***************************************		mayor to grant the best processes and the second of the se	
Organizational Affiliati	ion:		A CONTRACTOR INTERNAL TO A CONTRACTOR INTERNAL	A STATE OF THE STA	
Law Enforcement			a pagamannagang tigin tagunga paman pa mappin na hiti ta bansan		
* Telephone Number:	916-433-0866		F	x Number: 916-4	133-0860
* Email: imaccoun(@pd.cityofsacram	ento.org	anne lenne egenejtein den den met 1844 er (* , 1 par , /mm)		
4,		Age	The Charles of Arthur State Control of the Control		

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type:		
C: City or Township Government		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		ng sipaganan ana ana ana ana ana ana ana ana a
		Commetted or fractions of g
* Other (specify):	• .	
* 10. Name of Federal Agency:		
Community Oriented Policing Services		A-branch and a second a second and a second
11. Catalog of Federal Domestic Assistance Number:	· · · · · · · · · · · · · · · · · · ·	
with display to the same and th		•
CFDA Title:		
* 12. Funding Opportunity Number:		
COPS-SOS-2006-1		
* Title:		onerong
Secure Our Schools	:	war die Pfeel
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		C C C C C C C C C C C C C C C C C C C
13. Competition Identification Number:		, , , , , , , , , , , , , , , , , , ,
Title:		
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		C annually control
14. Areas Affected by Project (Cities, Counties, States, etc.):		unico.h
City of Sacramento		forer has been
		P = P = mig/ i d. oee
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* 15. Descriptive Title of Applicant's Project;		ALESTON.
City of Sacramento Secure Our Schools		Managaria
Attach supporting documents as specified in agency instructions.		
Add Attachments Delete Attachments View Attachments		

	Assistance SF-424	Version 02
16. Congressional Districts O	of:	
* a. Applicant 5		* b. Program/Project 5
Attach an additional list of Prog	gram/Project Congressional Districts if	needed.
	Add Attachment Or-	lets Attachment View Attachment
17. Proposed Project:		
* a. Start Date: 10/01/2006		* b. End Date: 09/30/2008
18. Estimated Funding (\$):		
a. Federal	346,575.00	
b. Applicant	346,575.00	
c. State	0.00	
d. Local	0.00	
e. Other	0.00	
f. Program Income	0,00	
g. TOTAL	693,150.00	
b. Program is subject to E.C. c. Program is not covered b	O. 12372 but has not been selected by	
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinqu Yes No 21. *By signing this application are true, complete an comply with any resulting to may subject me to criminal, ** I AGREE	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am award civil, or administrative penalties. (L	the State for review. 7, provide explanation.) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims I.S. Code, Title 218, Section 1001)
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinqu Yes No 21. *By signing this application are true, complete an comply with any resulting temps subject me to criminal, ** I AGREE * The list of certifications and specific instructions.	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am award civil, or administrative penalties. (L	the State for review. , provide explanation.) ntained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinque Yes No 21. *By signing this applications are true, complete an accomply with any resulting temps subject me to criminal, ** I AGREE * The list of certifications and specific instructions. Authorized Representative:	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am awardily, or administrative penalties. (Leassurances, or an internet site where	the State for review. (provide explanation.) Intained in the list of certifications** and (2) that the statements edge. It also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims it.S. Code, Title 218, Section 1001) (you may obtain this list, is contained in the announcement or agency
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinqu Yes No 1. *By signing this application are true, complete an omply with any resulting to may subject me to criminal, **I AGREE **The list of certifications and pecific instructions. suthorized Representative: Trefix: Mr.	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am award civil, or administrative penalties. (L	the State for review. The provide explanation.) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims it.S. Code, Title 218, Section 1001) The provide explanation.) The provide explanation.) The provide explanation.) The provide explanation.)
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinqu Yes No 21. *By signing this application are true, complete an exemply with any resulting tempt any subject me to criminal, ** I AGREE * The list of certifications and specific instructions. Authorized Representative: Prefix: Mr. Middle Name:	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am awardily, or administrative penalties. (Leassurances, or an internet site where	the State for review. (provide explanation.) Intained in the list of certifications** and (2) that the statements edge. It also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims it.S. Code, Title 218, Section 1001) (you may obtain this list, is contained in the announcement or agency
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinque Yes No 21. *By signing this application are true, complete an are true, complete an average with any resulting to may subject me to criminal, ** I AGREE * The list of certifications and specific instructions. Authorized Representative: Prefix: Mr. Middle Name: Mohar	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am awardily, or administrative penalties. (Leassurances, or an internet site where	the State for review. (provide explanation.) Intained in the list of certifications** and (2) that the statements edge. It also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims it.S. Code, Title 218, Section 1001) (you may obtain this list, is contained in the announcement or agency
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Definque Yes No 21. *By signing this application are true, complete an acomply with any resulting to may subject me to criminal, ** I AGREE * The list of certifications and specific instructions. Authorized Representative: Prefix: Mr. Middle Name: Last Name: Mohar Suffix:	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am awardily, or administrative penalties. (Leassurances, or an internet site where	the State for review. (provide explanation.) Intained in the list of certifications** and (2) that the statements edge. It also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims it.S. Code, Title 218, Section 1001) (you may obtain this list, is contained in the announcement or agency
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinque Yes No 21. *By signing this application are true, complete an accomply with any resulting to may subject me to criminal, ** I AGREE The list of certifications and specific instructions. Authorized Representative: Prefix: Mr. Middle Name:	O. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am awardily, or administrative penalties. (Leassurances, or an internet site where	the State for review. ', provide explanation.) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any faise, fictitious, or fraudulent statements or claims i.s. Code, Title 218, Section 1001) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any faise, fictitious, or fraudulent statements or claims i.s. Code, Title 218, Section 1001) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any faise, fictitious, or fraudulent statements or claims i.s. Code, Title 218, Section 1001)
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinqu Yes No 21. *By signing this application are true, complete an comply with any resulting tempt any subject me to criminal, ** I AGREE * The list of certifications and specific instructions. Authorized Representative: Prefix: Mr. Middle Name: Mohar Suffix: Title: Analyst	D. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am awardivil, or administrative penalties. (Leassurances, or an internet site where	the State for review. (provide explanation.) Intained in the list of certifications** and (2) that the statements edge. It also provide the required assurances** and agree to re that any false, fictitious, or fraudulent statements or claims it.S. Code, Title 218, Section 1001) (you may obtain this list, is contained in the announcement or agency
b. Program is subject to E.C. c. Program is not covered b 20. Is the Applicant Delinqu Yes No 21. *By signing this application are true, complete an comply with any resulting tempt any subject me to criminal, ** I AGREE * The list of certifications and specific instructions. Authorized Representative: Prefix: Mr. Middle Name: Mohar Suffix: Title: Analyst	D. 12372 but has not been selected by by E.O. 12372. uent On Any Federal Debt? (If "Yes" Explanation ion, I certify (1) to the statements cond accurate to the best of my knowlerms if I accept an award. I am award. Ivil, or administrative penalties. (Leassurances, or an internet site where * First Name	the State for review. ', provide explanation.) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any faise, fictitious, or fraudulent statements or claims i.s. Code, Title 218, Section 1001) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any faise, fictitious, or fraudulent statements or claims i.s. Code, Title 218, Section 1001) Intained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to re that any faise, fictitious, or fraudulent statements or claims i.s. Code, Title 218, Section 1001)

Application f	or Federal Assis	tance	SF-424				Version 02
* 1. Type of Subr	mission:	* 2. Ty	pe of Application:	* If	Revision, select appropriate lette	er(s):	
Preapplication	1	✓ Nev	W				
✓ Application		Continuation •		* 0	her (Specify)		
Changed/Corr	rected Application	Rev	vision				
* 3. Date Receive	ed:	4. App	licant Identifier:				
Completed by Grants	gov upon submission.						
5a, Federal Entity	y Identifier:			1	5b. Federal Award Identifier:		
	, , , , , ,						
State Use Only:			,				
6. Date Received	by State:		7. State Application	n ide	entifier:		
ಕ್ಕೆ. APPLICANT I	NFORMATION:						
* a. Legal Name:	City of Riverside						
* b. Employer/Tax	xpayer Identification N	umber (E	EIN/TIN):	T	c. Organizational DUNS:		
\$5-6000769					040502114		Continues to the state of the s
d. Address:							RECEIVED
* Street1:	3900 Main Street	4.					JUN 2-9-2006
Street2:							3 4006
* City:	Riverside						STATE CLEARING HOUSE
County:	Riverside						TOUSE
* State:					CA: California		
Province:		****					
Country:				USA	: UNITED STATES		
*Zip / Postal Cod	de: 92522						
e. Organization	al Unit:						·
Department Nam	e:			Ū	Division Name:		
Riverside Police	Department				Management Services		
f. Name and cor	ntact information of p	person t	o be contacted on	mat	ters involving this application	on:	
Prefix: N	1s.		* First Nar	ne:	Patty		,
Middle Name: A	ınn						
* Last Name: T	ambe						
Suffix:							
Title: Senior Ma	nagement Analyst						
Organizational Af	filiation:						
Grant Manageme	ent and Administration						
* Telephone Num	ber: 951-826-5869				Fax Number: 951	-826-5360	
* Email: ptamb	e@riversideca.gov						

Application for Federal Assistance SF-424 Version	on 02
৪. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
G: Independent School District	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
	.1 .1
©FDA Title:	3
	ĺ
* 12. Funding Opportunity Number:	
COPS-SOS-2006-1	
* Title:	
Secure Our Schools	
	1
13. Competition Identification Number:	
Title:	1
	., , ,
	1
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Riverside	- 1
	l
15. Descriptive Title of Applicant's Project:	\dashv
aw Enforcement/School Partnership to map school facilities in GIS data in order to provide more efficient and timely response to school	
safety issues.	
	**
Attach supporting documents as specified in agency instructions.	
ACH Attachments Delete Mitachments Twee Attachments	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
* a. Applicant 44	* b. Program/Project 44
Attach an additional list of Program/Project Congressional D	istricts if needed.
Add Attashme	Up top Avachina View Alleria, ent
17. Proposed Project:	
* a. Start Date: 07/01/2006	* b. End Date: 06/30/2008
18. Estimated Funding (\$):	
* a. Federal 165,56	2.50
* b. Applicant	0.00
* c. State	0.00
†.d. Local 165,50	2.50
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL 331,11	5.00
herein are true, complete and accurate to the best of recomply with any resulting terms if I accept an award. may subject me to criminal, civil, or administrative pen	(If "Yes", provide explanation.) ments contained in the list of certifications** and (2) that the statements by knowledge. I also provide the required assurances** and agree to am aware that any false, fictitious, or fraudulent statements or claims
Authorized Representative:	
Prefix: * F	irst Name: Bradley
Middle Name: J	
* Last Name: Hudson	
Suffix:	
* Title: City Manager	
* Telephone Number: 951-826-5761	Fax Number: 951-826-5470
* Email: bhudson@riversideca.gov	
	ts.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSIST	ANCE	June 30, 2006		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVE			State Application Identifier		
Application	Preapplication						
☐ Construction ✓ Non-Construction	☐ Construction☐ Non-Construction	4. DATE RECEIVED BY FEDERAL A		GENCY	CY Federal Identifier		
5. APPLICANT INFORMATION							
		ervice	Orga	anizationa	al Unit:		
Legal Name: Anderson Valley Ambulance Service Address (give city, county, state, and zip code):						e contacted on matters involving this	
P.O. Box 144				Name and telephone number of the person to be contacted on matters involving this application (give area code)			
Boonville, Mendocino C	ounty, CA 95415			Judith Dolan 707.895.3477			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. Т	YPE OF	APPLICANT: (enter appropriate le	etter in box) N	
94 - 16834	125			A. State	H. Independent S	School Dist. ed Institution of Higher Learning	
8. TYPE OF APPLICATION:				B. Count C. Munic	ipal J. Private Univer		
<u>z</u> z 1	New ☐ Continu	ation Revi	ISIOII	D. Towns E. Inters	tate L. Individual	-11	
If Revision, enter appropriate letter(s) in box(es)				F. Interm G. Specia		Not for Profit	
A. Increase Award B. Decrease Award C. Increase Duration			tion				
D. Decrease Duration Other (specify):				IAME OF	FEDERAL AGENCY:		
				U.S. Department of Agriculture Rural Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		10 - 76	36 A	Anders	on Valley Volunteer Am	bulance Service replaces	
TITLE:				its 12 year old and only ambulance with a new state of			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	es, States, etc.):		the art ambulance and continues to provide the only ambulance service to the people of Anderson Valley.			
Boonville, Navarro, F	hilo, Yorkville, N	lendocino Cou	ınty,				
13. PROPOSED PROJECT	14. CONGRESS	SIONAL DISTRICTS	OF:				
Start Date	a. Applicant 1s	st District, Men	ndocino	b. Proje	1st District, Mendocii	סר	
15. ESTIMATED FUNDING:					PPLICATION SUBJECT TO REV	IEW BY STATE EXECUTIVE ORDER	
a. Federal	STATE STATE OF THE		0,000.00	.20.2.			
1	ECEIVE	1	00.000,	a. YE		LICATION WAS MADE AVAILABLE ORDER 12372 PROCESS FOR	
c. State	9UN 2 9 200	õ			_{DATE} June 23, 2006		
d. Local	\$ TE CLEARING H	OUSE	-	b. NO . PROGRAM IS NOT COVERED BY E.O. 12372			
e. Other	The second section will be the second				☐ OR PROGRAM HAS NO' REVIEW	T BEEN SELECTED BY STATE FOR	
f. Program Income	\$			17. IS T	HE APPLICANT DELINQUENT O	N ANY FEDERAL DEBT?	
g. TOTAL	\$	95	5,000.00	ΠY	es If "Yes," attach	an explanation. 🛮 🗷 No	
18. TO THE BEST OF MY KNO DULY AUTHORIZED BY THE O IS AWARDED.	WLEDGE AND BELIEF GOVERNING BODY OF	, ALL DATA IN THIS THE APPLICANT A	S APPLICATION/PI ND THE APPLICAN	L REAPPLI IT WILL (CATION ARE TRUE AND CORRECOMPLY WITH THE ATTACHED	CT, THE DOCUMENT HAS BEEN ASSURANCES IF THE ASSISTANCE	
a. Type Name of Authorized Re	epresentative ald Gester, MD		b. Title Chairpe	erson. I	Board of Directors	c. Telephone Number 707.895.2304	
d. Signature of Authorized Rep		· MD	2.76 50	, '		e. Date Signed 06/23/06	
1 comment	سايعوب	· iMD				30,20,00	

		Fo	orm 424	OMB AP	provai No. 0348-0043		
Application for		2. Date Sub	mitted	ა. აplicant Identifier			
Federal Assistance			20-Jun-06				
1. Type of Submission Application		3. Date rec	eived State	State Application	ldentifier		
Application Amendment	Preaplication						
X Constuction	Construction	4. Date rec	eived by Federal	Federal Identifier			
Non-Constuction	Non-Construction	Agency:	-				
5. Applicant Information							
6. Legal Name:	San Mateo Count	y Transit D	istrict (SamTrans)				
Address (give city, county, state	e, and zip)		Name and telephon	e of contact perso	n <i>(give area code)</i>		
1250 San Carlos Av	• •		Joel SI	avit, Manager Ca _l	pital Programs & Grants		
San Carlos, San Ma	ateo County		1	08-6476			
California 94070-13			` ′				
6. Employer Identification Numb			7. Type of Applicant	t (enter appropriate	e letter in box) G		
9 4 2325976			''	, , ,	,		
8. Type of Application			A. State	H. Indepe	ndent School Dst.		
2, 2, 2, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,			B. County		ontrolled Institution		
new continuation	X	Revision	C. Municipal	of highe	er learning.		
If revision, enter appropriate lett		1101101011	D. Township	_	University		
in boxes:			E. Interstate	K. Indian	,		
A. Increased Award B. Decreas	cod Award		F. Intermural	L. Profit Ir			
C. Increase Award D. Decreas			G. Special District	M. Other:			
	e Duration		d. Special District	wi. Other.	WII O		
Other <i>(specify)</i> :							
10. Catalog of fodoral domestic			9. Name of federal Agency:				
10. Catalog of federal domestic			Federal Transit Administration				
assistance number: 20.507 Section 5307 Program			11. Descriptive title of applicant project				
12. Areas affected by project:	Section 5507 F10	gram	FY 2005 Capital and Operating Assistance Grant Amendment				
San Mateo County			The following projects are being amended in grant CA-90-Y344-02:				
San Mateo County			The following projects	are being amended	i iii giaiti CA-90-1344-02.		
12 Proposed Projects in Grant			Ruy Roplacomont M	/linivane			
13. Proposed Projects in Grant Start Date: End Date:			Buy Replacement Minivans Leased Tire Program				
10/28/2004			Maintenance & Operating Equipment Rehab and Replacement				
10/26/2004	1/15/2009		IMamilenance & Ope	rating Equipment	nedatario neplacement		
15. Estimated Funding for amer	adad projects				RECEIVED		
		44.0			HIN 9 9 2006		
a. Federal	\$542,631	1 -	ssional Districts of:		JUN 2 9 2006		
b. Applicant		a. Applican	nt	B. Project	- HOUSE		
c. State			12 & 14	12 & 14	STATE CLEARING HOUSE		
d. Local	\$135,658				AND THE PROPERTY OF THE PROPER		
f. Program Income			cation subject to review				
e. Other	0070 000	1	preaplication/application		Die to the		
g. TOTAL	\$678,289	1	eutive order 12372 prod	cess review on			
17. Is the applicant delinquent Date:			06/28/06				
		-	p. No Program is not covered by E.). 12372				
		or or program has notbeen selected by state for review					
No.		<u> </u>					
18. To the best of my knowledg							
The document has been duly au			y of the applicant and	d the applicant will	comply		
with the attached assurances if		ded.	I. —		· · · · · · · · · · · · · · · · · · ·		
a. Typed Name of Authorized Representative			b. Title	c. Telephone Number:			
Michael J. Scanlon			General Manager	(650) 508	(650) 508-6221		
d. Signature of Authorized repre	esentative			e. Date Si			
mx scale			1 6/5	2/16			

Previous versions of 424 form Not usuable

Standard Form 424 Rev 4-881

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE			2. DATE SUBMITTED June 12, 2006		Applicant Identifier			
1. TYPE OF SUBM	ISSION:		3. DATE RECEIVED B	3. DATE RECEIVED BY STATE		State Application Identifier		
Application ☐ Construction ☑ Non-Constru	ıction	Preapplication Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INF	ORMATION			10				
Legal Name: McFarland Unified School District			Organizational Unit: School District					
Address (give city, county, State, and zip code):			Name and telephone number of person to be contacted on matters involving					
601 Second St. McFarland, CA 93250				this application (give area code)				
				Bill Young (661) 792-3081				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 3 4 0 1 4 8 6				7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist.				
8. TYPE OF APPLI	CATION:			B. County	I. State Controlled Institution	of Higher Learning		
	✓ New	/ Continuation	Revision	C. Municipal	J. Private University			
If Revision, enter ap	nroprioto lott	or(a) in boy(as)		D. Township	K. Indian Tribe			
Trevision, enter ap	propriate iett	er(s) iii box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization			
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			G. Special District	N. Other (Specify)				
			9. NAME OF FEDERAL AGENCY:					
			USDA Rural Development					
10. CATALOG OF F	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
			1 0 - 7 6 6	Security Cameras for all campuses in School District				
		acilities Grant						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):								
City of McFarla	ınd							
13. PROPOSED PR	OJECT	14. CONGRESSIONAL	DISTRICTS OF:					
	ding Date	a. Applicant		b. Project				
	10/1/06 12/1/06 20 Costa 15. ESTIMATED FUNDING:		20 Costa 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE					
10. LOTHWATED TO	NDING.			ORDER 12372 PR		IATE EXECUTIVE		
a. Federal \$		40 000						
b. Applicant \$		\$	40,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
b. Applicant \$		69,666		FOR REVIEW ON:	: ORDER 12372			
c. State	THE RESERVE OF THE PERSON OF T	S. person I I Person Prom	.00	DATE				
d. Local	RE	\$LIVED	.00					
e. Other		(\$ 3 0 2006	.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	STATE	SEARING HOUSE	.00					
g. TOTAL	The state of the s	\$	109,666	†	IT DELINQUENT ON ANY FE attach an explanation.	EDERAL DEBT?		
18. TO THE BEST O	F MY KNOW	/LEDGE AND BELIEF. A	•	1	ION ARE TRUE AND CORRE			
DOCUMENT HAS E	BEEN DULY		OVERNING BODY OF TH		E APPLICANT WILL COMPL			
a. Type Name of Authorized Representative b. Title			b. Title Superintendent	c. Telephone Number (661) 792-3081				
d. Signature of Authorized Representative			Oupermierident		e. Date Signed			
						description of the second of t		

APPLICATION FOR	,	A DATE 0//DAY				Version 7/
FEDERAL ASSISTANC		2. DATE SUBMITTED	6/30/06	Applicant Ide	entifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier		
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	tifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			<u> </u>		
Legal Name:			Organizational Uni	:		
City of La Verne	Police Departm	ient	Department:			***************************************
Organizational DUNS:			Division:			
Address;			Name and telephor	e number of p	erson to be con	icted on matters
Street: 2061 Third Street			involving this appl	cation (give ar	ea code)	
			Prefix:	First Name:	Darryl	
Chy: La Verne			Middle Name		RECE	EIVED
County Los Angeles			Last Namo			No. 8 W James Local
State: CA	Zip Code 91750		Seub Suffix:	e	JUN 3	0-2006
Country; USA		.	Email: de out o 6	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6. EMPLOYER IDENTIFICATION	ON NUMBER (FINI:		Phone Number (give	lvpd.org	STATE CLE	RING HOUSE
95-5006236			909 596-879	,	909 596-:	THE RESERVE OF THE PARTY OF THE
8. TYPE OF APPLICATION:	21		7. TYPE OF APPLIC	r		
i [∞] Ne	w Continuatio	n Revision	City Polic	e Departm	ient	ation Types)
lf Revision, enter appropriate let (See back of form for description	ter(s) in box(es)		Other (specify)			
Other (specify)	LJ		9. NAME OF FEDER	AL AGENCY:		
10. CATALOG OF FEDERAL I	COMESTIC ASSISTANCE	YE ALLIMACA.	U.S. Dept.	of Justi	ce	
			1			
TITLE (Name of Program):			City of La Project to			
COP	S SOS		officer at			
City of La Verne	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			ol safety and be a positiv		
13. PROPOSED PROJECT	e, CA		<u>influenceon</u>	students	•	
Start Date:	Ending Date:		14. CONGRESSION	LDISTRICTS	b. Project	
9/1/06 15. Estimated funding:	8/3	1/08	26		26	
			16. IS APPLICATION ORDER 12372 PROC	Ecco		
a. Federal \$	103, 216, 66		THIS PR	EAPPLICATION	VAPPLICATION \	AS MADE
b. Applicant \$,	'ah.		S FOR REVIEW	MIE EXECUTIVE	OKDER 123/2
c. State \$	105,353~24	, w	DATE:		0/30/	70
d. Local \$				MIS NOT COV	ERED BY E. O. 1	1770
a. Other \$		· ·	JD. NO. ;J./l			-
. Program Income \$		· w ···-	FOR REV	HEW	T BEEN SELECT	
TOTAL		au	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FED	RAL DEBT?
	208,569.90	•	Yes If "Yes" attach			
IB. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY / TTACHED ASSURANCES IF T	AUTHORIZED BY THE (30VERNING RODY OF 1	LICATION/PREAPPLI THE APPLICANT AND	THE APPLICA	RUE AND CORR NT WILL COMPL	CT, THE
Authorized Representative	First Name		hatan	V		
Mr.	Scott		Middle	name		4-21-21
ast Namo Pickwith			Suffix			
Title Chief of Police			1 000	hone Number 596-191	5	
Signalury of Authorized Representative			a. Date	25/00		••••
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